

REQUEST FOR PATENT FEE REFUND

1 Date of Request: \_\_\_\_\_

2 Serial/Patent # 10/524 701

3 Please refund the following fee(s):

4 PAPER  
NUMBER

5 DATE  
FILED

6 AMOUNT

☒

Filing

\$ 50

Amendment

\$

Extension of Time

\$

Notice of Appeal/Appeal

\$

Petition

\$

Issue

\$

Cert of Correction/Terminal Disc.

\$

Maintenance

\$

Assignment

\$

Other

\$

7 TOTAL AMOUNT  
OF REFUND

\$ 50

8 TO BE REFUNDED BY:

10 REASON:

☒

Overpayment

Treasury Check

Credit Deposit A/C #:

9

07--1730

Duplicate Payment

No Fee Due (Explanation):

*Rule change - 08 Dec 2004*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME:

TITLE: Supervisor

SIGNATURE: Larry M. Johnson

PHONE: 703-308-9140

OFFICE: DO/ED

X221

\*\*\*\*\*  
THIS SPACE RESERVED FOR FINANCE USE ONLY:  
\*\*\*\*\*

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: